APPLICATION FOR INCOME TAX WITHHOLDING AND SALES & USE TAX PERMIT



NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER SFN 59507 (9-2013)

(Charle all applicable)				FOR OFFICE USE ONLY			
(Check all applicable)	Application Purpose		S/U				
Prepaid Wireless 911 Fee	ee		W/H				
☐ Withholding Tax	Additional Location		PPW				
Additional Tax Type							
(Please Print)							
1. Taxpayer Legal Name				2. FEIN/SS	N		
3. Doing Business As Name (if different from line 1)					4. Business Telephone Number		
3. Doing Business As Name (If different if	rom line 1)			4. Business	Telephone Number		
5. Business Location Address <i>(not a PO Box)</i> City				State ZIP Code			
6. Mailing Address (if different from line 5)		City		State	ZIP Code		
7. Type of Entity			_				
		corporatio	_	ernment LLP	LLLP LLC		
If you indicated above that yo	u are an LLC, indicate how you a	re filing fo	r federal in	come tax purposes			
☐ "C" corporation - 1120	Partnership - 1065	corporation	- 1120S				
☐ Disregarded entity - Owner	er's name:						
SSN	or FEIN:						
8. Enter NAICS Code if known							
9. Type of Business Retailer	Manufacturer	☐ Wh	olesaler	Contractor	Other		
10. Business Activity: List the principal p				he percentage of sales	s value or receipts rece	ived from	
%					%		
		_ ′					
Note: Sole proprietorships can only have 11. Name of Owners, Partners, Corporate Social Security numbers are required Partners of LLLP's may post a bond in 57-38-60.2 and 57-38-60.3.	e Officers, Governors, Managers, or I I for issuance of permit. Corporate o	fficers of co	rporations, (Governors or Manager	s of LLC's, and Genera	l 1,	
Name	Address		Title	Home Telephone Number	Social Security Number	Percent Owned	
						+	
12. Complete if you acquired the busines	s in whole or in part	•				-	
a. Date of acquisition							
Month	Day	Yea	ır				
b. Prior owner's business name and add	dress						

c. Prior owner's sales/use tax number

Is prior owner still in business?

☐ No

Application For Income Tax Withholding And Sales & Use Tax Permit Page 2



Prepaid Wireless Telecommunication 911 Fee

13. Do you sell prepaid wireless airtime ca	• •	·				
Sales & Use Tax						
14. Beginning date of operations for North			Day	Year		
15. Do you currently have or have you ha	d a sales and use tax permit in	North Dakota?	Permit No.	No		
16. Is business seasonal or part time?	Yes No If se	easonal, give period of opera	ation			
If business is temporary, give approxi	mate time period of business ac	ctivity in North Dakota		through		
17. Will you be selling alcohol? Yes No 18. Will you be selling farm equipment? Yes No						
If sales returns should be mailed to a different address, indicate below. 19. Name of Sales Tax Return Preparer 20. Business Telephone Numb						
21. Address of Preparer (Street or PO Box	κ, City)		State	ZIP Code		
22. Name of individual to contact for sales tax matters Telephone Number						
Withholding Tax						
23. Beginning date of North Dakota Incom	ne Tax Withholding Month		Day	Year		
24. Estimated number of employees in No	orth Dakota and estimated wage	s to be paid in current caler	ndar year.			
Number of employees	Amount of wages	S				
If withholding returns should be		ldress, indicate below				
25. Name of Withholding Tax Return Preparer			26. Busin	26. Business Telephone Number		
27. Address of Preparer (Street or PO Box	ς, City)		State	ZIP Code		
28. Name of individual to contact for withholding tax matters				Telephone Number		
Application must be signed by au	uthorized individual					
Signature:(Authorized Individ						
Print name:	Title:		Phone No:			
I declare under the penalties of North Dal governmental matter, that this application knowledge and belief is a true, correct an	kota Century Code ch. 12.1-11- n, including any accompanying :	-02, which provides for a Cla	ass A misdemeanor t	for making a false statement in a		

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-38-56, and 57-39.2-19, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Send completed form to:

Fax: 701.328.0332

E-mail: taxregistration@nd.gov

Office of State Tax Commissioner Business Registration 600 E. Boulevard Ave., Dept. 127 Bismarck, ND 58505-0599 Phone: 701.328.1241